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|--|--|--|---|--|
| SERIAL NUMBER<br><div style="text-align: center;">09/287,570</div> | FILING DATE<br><div style="text-align: center;">04/06/99</div> | CLASS<br><div style="text-align: center;"><del>485</del><br/>370</div> | GROUP ART UNIT<br><div style="text-align: center;"><del>2745</del><br/>2663</div> | ATTORNEY DOCKET NO.<br><div style="text-align: center;">Q53866</div> |
|--|--|--|---|--|

APPLICANT

AKIHISA USHIROKAWA, TOKYO, JAPAN; KOJIRO HAMABE, TOKYO, JAPAN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

no      RA

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

no      RA

  
  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

|          |       |             |          |
|----------|-------|-------------|----------|
| VERIFIED | JAPAN | 094288/1998 | 04/07/98 |
|          | JAPAN | 311733/1998 | 11/02/98 |

yes      RA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99

|   |  |   |   |   |
|---|--|---|---|---|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br/> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no    <input type="checkbox"/> Met after Allowance             </div> | STATE OR COUNTRY<br><div style="text-align: center;">JPX</div> | SHEETS DRAWING<br><div style="text-align: center;">11</div> | TOTAL CLAIMS<br><div style="text-align: center;">95</div> | INDEPENDENT CLAIMS<br><div style="text-align: center;">23</div> |
|---|--|---|---|---|

Verified and Acknowledged RA      \_\_\_\_\_  
Examiner's Initials      Initials

ADDRESS

SUGHRUE MION ZINN  
 MACPEAK & SEAS  
 2100 PENNSYLVANIA AVENUE NW  
 WASHINGTON DC 20037

TITLE

MOBILE COMMUNICATION SYSTEM, COMMUNICATION CONTROL METHOD, AND BASE STATION AND MOBILE STATION TO BE EMPLOYED IN THE SAME

|   |   |  |
|---|---|--|
| FILING FEE RECEIVED<br><br><div style="text-align: center;">\$3,670</div> | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> All Fees                     <input type="checkbox"/> 1.16 Fees (Filing)                     <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)                     <input type="checkbox"/> 1.18 Fees (Issue)                     <input type="checkbox"/> Other _____                     <input type="checkbox"/> Credit                 </div> |
|---|---|--|